								4	Applicatio	n or C	Ocket Nur	nber
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									99.	69	1.37	He :
CLAIMS AS FILED - PART I								SMALL E	ENTITY		OTHER	THAN
ΓŢ	OTAL OLABAS		(Column 1) (Column 1)			umn 2)	TYPE [			OR		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED NUM			BER EXTRA		BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			28 minus 20= *					X\$ 9=		OR	X\$18=	1411
INDEPENDENT CLAIMS			5 minus 3 = $2$				Ī	X40=		OR	X80=	110
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				ŀ	+135=		OR		(0)
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	-	┩┈	L	18371	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	11/14
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	·	CLAIMS REMAINING		HIGH		PRESENT	Γ		ADDI-	7		ADDI-
		AFTER AMENDMENT		PREVIO	DUSLY	EXTRA	l	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 95%	Minus	Z	8	= ,	_‡	X\$.9=	1,00	OR	X\$18=_	<u> FEE. ·</u>
	Independent	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Minus	***	5	=	r	X40=		1	_X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		F			OR	A00=	
							L	+135=		OR	+270=	
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING		HIGHI NÜME		PRESENT			ADDI-	1		ADDI-
		- AFTER AMENDMENT		PREVIO	_	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=	r	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	F	X40=			X80=	•
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						$\vdash$	7.10-		OR	700-	<del></del>
							L	+135=		OR	+270=	
	٠	• .					AC	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											
MEN		CLAIMS REMAINING		HIGHE NUMB		PRESENT	Г		ADDI-	ſ		ADDI-
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL
	Total		Minus	**	On	=		X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	*	Minus	***	•	=	$\vdash$					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=	·
+135=										OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL ADDIT. FEE												
***1	I the "Highest Nu	mber Previously Pa ber Previously Paid	id For" IN THE	S SPACE is	less that	n 3, enter "3."				, ,	IDDIT. FEE <b>L</b> IMN 1.	

FORM PTO-875 (Rev. 8/00)

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